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**FACSIMILE TRANSMISSION COVER SHEET**

Date: August 17, 2005

To: United States Patent and Trademark Office  
Examiner: Li, Aimee J.; Art Unit: 2183

Fax: (571) 273-8300

Re: **Application Serial No.: 09/730,039**  
Filing Date: 12/5/2000; First-Named Inventor: Mohamed  
Attorney Docket No.: 00CON102P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 14

Message:

Enclosed please find the Response to Final Office Action dated May 17, 2005.

Thank you.

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Attorney Docket No.: 00CON102P

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Moataz A. Mohamed.SERIAL NO.: 09/730,039 FILED: December 05, 2000FOR: Apparatus and Method for an Improved Performance VLIW Processor

Mail Stop AF  
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 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	22	MINUS **28	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

-1-

00CXT0024N

Attorney Docket No.: 00CON102P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-1867 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

8/17/05

By:

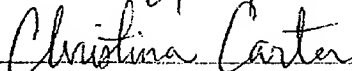
  
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature

  
Christina Carter

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.  
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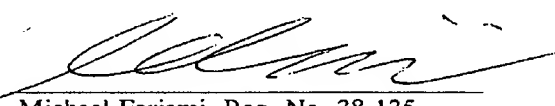
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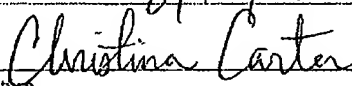
  
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Art Unit: 2183

Serial No.: 09/730,039

Examiner: Li, Aimee J.

Filed: December 5, 2000

For: **Apparatus and Method for an Improved  
Performance VLIW Processor**

**RESPONSE TO FINAL OFFICE ACTION**

Mail Stop AF  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action dated May 17, 2005 in the above-referenced patent application. Please enter and consider the following remarks.